



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

GABRIEL JASSO PH.D

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-17-1366-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

JANUARY 11, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

Amount in Dispute: \$1,449.92

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual on 10/25/16 received the bill...Texas Mutual then declined to issue payment."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 14, 2016	CPT Code 90791 (X2) Psychiatric Diagnostic Evaluation	\$422.48	\$212.18
	CPT Code 96101 (X8) Psychological Testing	\$1,027.44	\$0.00
TOTAL		\$1,449.92	\$212.18

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. Neither party to the dispute submitted copies of explanation of benefits for the disputed services.

Issues

1. Was the response submitted in accordance with 28 Texas Administrative Code §133.307?
2. Was the dispute submitted in accordance with 28 Texas Administrative Code §133.307?
3. Does the documentation support billing CPT code 90791 (X2)? Is the requestor entitled to reimbursement?
4. Does the documentation support billing CPT code 96101 (X8)? Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(d)(2)(B) requires the respondent to submit “a paper copy of all initial and appeal EOBs related to the dispute, as originally submitted to the health care provider in accordance with this chapter, related to the health care in dispute not submitted by the requestor or a statement certifying that the respondent did not receive the health care provider's disputed billing prior to the dispute request.” A review of the submitted documentation finds that the respondent did not submit any EOBs that relate to the dispute. The respondent noted in the position summary that they originally received the bill on 10/25/16, this date is prior to the request for medical fee dispute resolution. The division finds the respondent did not comply with 28 Texas Administrative Code §133.307(d)(2)(B).

Additionally, 28 Texas Administrative Code §133.307(d)(2)(F) states, “The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. If the response includes unresolved issues of compensability, extent of injury, liability, or medical necessity, the request for MFDR will be dismissed in accordance with subsection (f)(3)(B) or (C) of this section.” A review of the submitted position summary indicates that the requestor is raising the issue of timely filing. The respondent did not support the position that this issue was raised prior to the request for MFDR; therefore, the division finds that a timely filing issue does not exist and will not be addressed further.

2. 28 Texas Administrative Code §133.307(c)(2)(K) requires the requestor to submit “a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB.” A review of the submitted documentation finds no EOBs, but there is evidence that an EOB was requested; therefore, the disputed services will be reviewed per 28 Texas Administrative Code §134.203.
3. 28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

28 Texas Administrative Code §134.203 (b)(1) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

CPT code 90791 is defined as “Psychiatric diagnostic evaluation.”

A review of the submitted billing and medical records finds that the requestor billed for two units of code 90791. CPT code 90791 is not defined as a timed procedure. Based on the code descriptor and the submitted report, one unit is recommended for reimbursement.

Per 28 Texas Administrative Code §134.203(c)(1)(2), “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007.”

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2016 DWC conversion factor for this service 56.82.

The Medicare Conversion Factor is 35.8043.

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75247, which is located in Dallas, Texas; therefore the Medicare carrier locality is "Dallas, Texas".

The Medicare participating amount for code 90791 is \$133.70.

Using the above formula, the Division finds the MAR is \$212.18. The respondent paid \$0.00. As a result, reimbursement of \$212.18 is recommended.

4. On the disputed date of service, the requestor also billed eight (8) units of CPT code 96101.

CPT code 96101 is defined as "Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report."

A review of the submitted report does not support the eight units billed; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$212.18.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$212.18 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

02/03/2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.